See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services Toxic Substances Control Division

Sacramento, California Please print or type. (Form designed for use on elite (12-pitch typewriter). 1. Generator's US EPA ID No. 2. Page 1 UNIFORM HAZARDOUS Manifest Information in the shaded areas Document No. CAD 008, 252 983 WASTE MANIFEST is not required by Federal law. 4 15 1 3 10 1 3 3. Generator's Name and Mailing Address 16est Document Number 8834530 A. State Manife PARA PLATE 15910 SHOEMAKER AVE., CERRITOS, CA. 90703 B. State Generator's ID 4. Generator's Phone 213) 404-3434 5. Transporter 1 Company Name US EPA ID Number C. State Transporter's ID OMEGA RECOVERY SERVICES D. Transporter's Phone CAD 042 245 901 7. Transporter 2 Company Name US EPA ID Number E. State Transporter's ID F. Transporter's Phone 9. Designated Facility Name and Site Address 10 US EPA ID Number G. State Facility's ID OMEGA RECOVERY SERVICES LADIO141212141510101 12504 E. WHITTIER BLVD. WHITTIER, CA. 90602 | CAP 04|2 | 245| 001 213/698-0991 12. Containers 13. Total Quantity Waste No. 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) No. Type WASTE ORM-A N.O.S., NA 1693 (Flexosolvent) F001 b FPA/Other State EPA/Other CENTER State a.material for recycle EPA/Othe RESPONSE K. Handling Codes for Wastes Listed Above J. Additional Descriptions for Materials Listed Above b. Profile#B10016 C. NATIONAL *Emergency#213/404-3434 15. Special Handling Instructions and Additional Information 뿔 CALL 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and SPILL, national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be aconomically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. S. **EMERGENCY** Signature 17. Transporter 1 Acknowledgement of Receipt of Materials Month Day Year Z Signature Printed/Typed Name MERNANDEZ PP 38. Transporter 2 Acknowledgement of Receipt of Materials CASE Day Printed/Typed Name 19. Disigrepancy Indication Space AC 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Month Day Signature Printed/Typed Name OWD MON.

DHS 8022 A (1/88) EPA 8700--22

(Rev. 9-88) Previous editions are obsolete

Do Not Write Below This Line

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

To: P.O. Box 3000, Sacramento, CA 95812